TO THE U.S. PATENT & TRADEMARK OFFICE
Please stamp the date of receipt of the following document(s)
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RE: METHODS OF FORMING PROTEIN-LINKED LIPIDIC MICROPARTICLES
TITLE OF DOCUMENT(S):

AMENDMENT
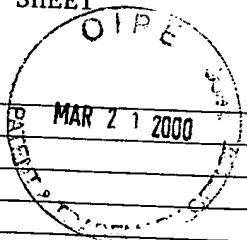PETITION FOR EXTENSION OF TIME (0+2 cop)
TRANSMITTAL SHEET

Application No. 09/076,618
File No. 02307E-071420US
Date Due March 13, 2000
Date Mailed March 13, 2000
Atty/Secty. LJH:atm

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MAR 21 2000

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, 8th Floor
San Francisco, California 94111-3834
(415) 576-0200

Attorney Docket No. _____ 2307E-071420US _____
Client Ref No. _____ 98-197-1 _____

In re application of: Papahadjopoulos, et al.

Application No.: 09/076,618

Filed: 5/12/98

Group Art Unit: 1636

For: METHODS OF FORMING PROTEIN-LINKED LIPIDIC MICROPARTICLES, AND COMPOSITIONS THEREOF
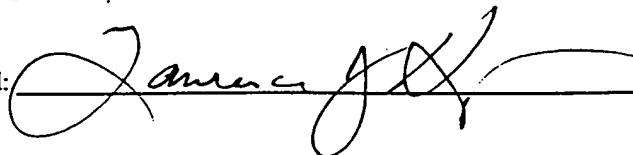
THE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Date: _____ March 13, 2000 _____

I hereby certify that this is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Assistant Commissioner for Patents
Washington, D.C. 20231

Signed: _____

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X]   Enclosed is a petition to extend time to respond.
[X]   Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
[ ]   A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
[ ]

If any extension of time is needed, then this response should be considered a petition therefor.
The filing fee has been calculated as shown below:

(Col. 1)			(Col. 2)	(Col. 3)	SMALL ENTITY			OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	* 46	MINUS	** 80	= 0	x $9.00 =			x $18.00 =	$0.00
INDEP.	* 5	MINUS	*** 9	= 0	x $39.00 =			x $78.00 =	$0.00
[ ] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ $130.00 =			+ $260.00 =	
							OR		
					TOTAL ADDIT. FEE		OR	TOTAL	$0.00

*   If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
**   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
***   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.
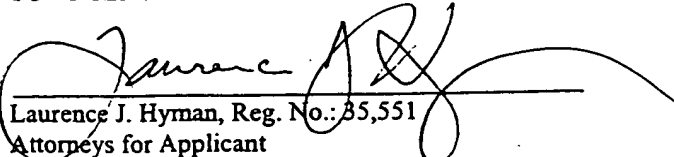
[X]   No fee is due.

Please charge Deposit Account No. 20-1430 as follows:

[ ]   Claims fee $_____
[X]   Any additional fees associated with this paper or during the pendency of this application.

__NO__   extra copies of this sheet are enclosed.

TOWNSEND and TOWNSEND and CREW LLP

Laurence J. Hyman, Reg. No.: 35,551
Attorneys for Applicant

SF 1076801 v1